

Lama. Lavenia. Adams.

Town

County

Died at

West. Falls

Carrall.

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 24

Age

50. 9. 10

Md

housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 5.

Husband

of

Wife

Emory. L. Adams.

Father's

Mother's

Name

Washington, Pedicon

Name

Rebecca. Crawford.

Cause of

Primary

Apoplectic. Hemiplegia

How long sick

Six days.

Death

Immediate

Cardiac. Exhaustion

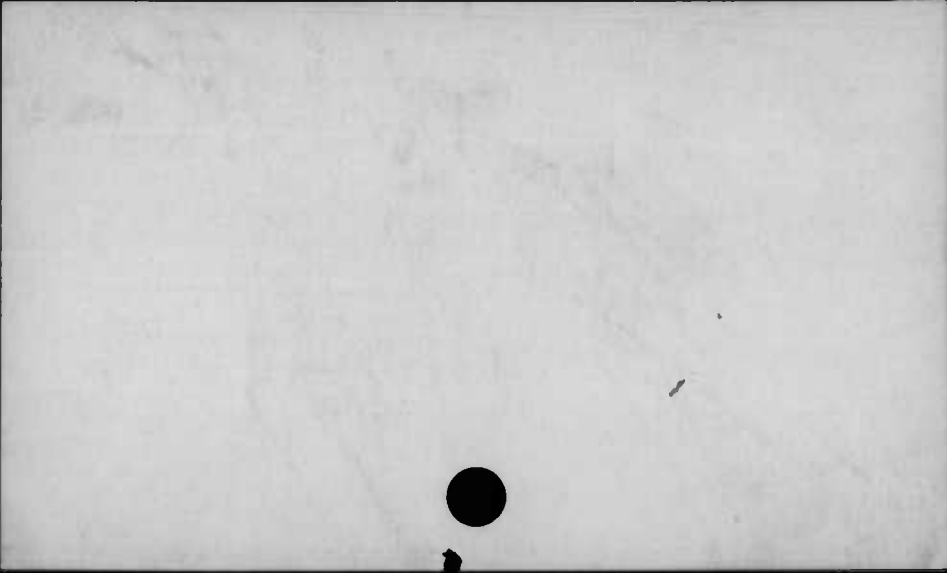
Accident, Suicide, Homicide

Reported by

A. T. Prout

Address

Taylorsville Md.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H. Appler* Town *Springfield* County *Sykesville* MARYLAND

Died at *Springfield State Hospital*

Date of death 190 *3* Month *11* Day *16* Years *64* Months *—* Days *—*

Sex *M* Color or Race *white* Birth-place *N.C.*

~~Married, Single or Widowed~~ *Married* Occupation *Carpenter*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Hospital records* How related to deceased *—*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *15 days*

Immediate *Peritonitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Clement Clark*

*Springfield State* Address *Hospital - Sykesville Md.*

Accident or Suicide? *—*



Name  
in  
Full

William A. Beauchamp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Springfield State Hospital</i> ( <sup>County</sup> <i>Carroll</i> )		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>7</i>	Years <i>63</i>
Sex <i>male</i>		Color or Race <i>white</i>	Birth-place <i>md.</i>
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>John Beauchamp</i>		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>md</i>	
Name of person giving information <i>Hospital records</i>		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute indigestion</i>	How long <i>about 8 hrs.</i>
Immediate <i>Cardiac failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas J. Carey</i>
	Address <i>Sykesville md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mase Bert Key

County

Carroll

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 10

Age 65

Carpenter

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~ of~~Wife~~~~Father's~~~~Name~~~~Mother's~~~~Maiden Name~~

Cause of Death { Primary

Don't know

How long sick

Don't know

Death { Immediate

Immediate

Found Dead

~~Accident, Suicide, Homicide~~

Reported by

R A Wells MD

Address

Hamptstead Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805





Name  
in  
Full

## CERTIFICATE OF DEATH

Harry B. Bish

Westminster

Carroll

MARYLAND

Died at

Date

of death

1903

Month

Nov

Day

16

Age

Years

17

Months

4

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Fryslburg

Occupation

Huxter

Where Residing if not  
at place of death

Home

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Silas Bish

Father's  
Birthplace

Carroll Co

Mother's  
Maiden Name

Agnes Crowl

Mother's  
Birthplace

11 11

Name of person giving  
Information

Silas Bish

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Tetanus.

How long

about 4 days

Immediate

asphyxia.

How long

a few minutes

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Chas. R. Foutz, M.D.

Address

Westminster

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

11 28 Age 52-2 - Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78705



Carrie Helen Bull

Town

County

MARYLAND

Died at

Mountains Carroll

1903  
Date 189  
Month Nov. Day 7  
Y. 22 M. 6 D. 13  
Native of Md.  
Occupation Housewife  
Male White Married Widow Divorced  
Female Colored Single Widower  
Number of children living one

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

of Edward Bull

Elias H. H. (Det)

Mother's

Name

Anna H. H.

Primary

Eclampsia

Immediate

Heart failure

How long sick

7 days

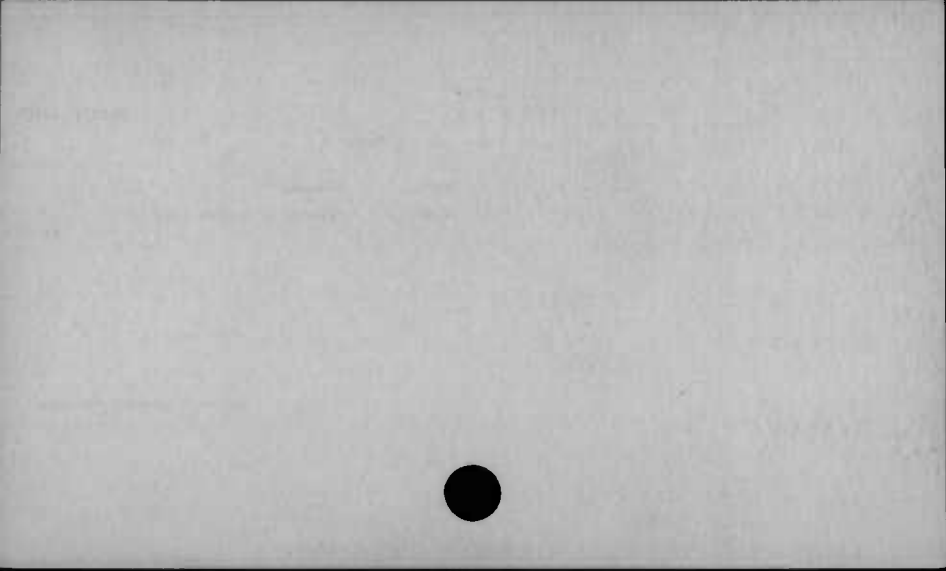
Accident, Suicide, Homicide

W. E. Hoff

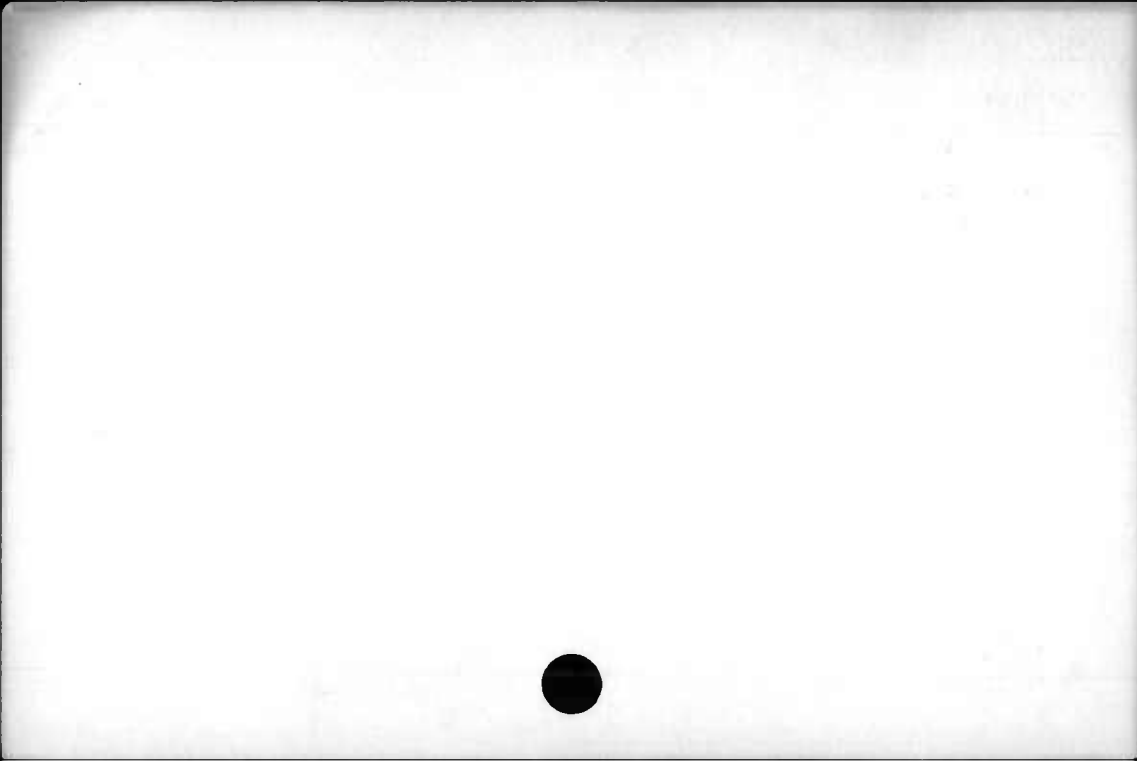
W. H.

Mountain Bridge

Md.



Name in Full <b>Elizabeth Lann</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Town</b> <i>Hampstead</i>		<b>County</b> <i>Carroll</i>
	Date of death <b>1903</b> <i>11</i> <b>Month</b> <i>7</i> <b>Day</b>		<b>Age</b> <i>73</i> <b>Years</b>
	Sex <i>Female</i>		<b>Birth-place</b> <i>Germany</i>
	Color or Race <i>White</i>		
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed		Name of Wife or Husband
	Father's Name		Father's Birthplace
PHYSICIAN OR CORONER	Mother's Maiden Name		Mother's Birthplace
	Name of person giving Information		How related to deceased
	<div>CAUSES OF DEATH</div>		
PHYSICIAN OR CORONER	Primary <i>La Grippe</i>		How long
	Immediate <i>Pneumonia</i>		How long <i>7 da</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edgar M. Bush M.D.</i>
	<i>Yes</i>		Address <i>Hampstead, Md.</i>
	Accident or Suicide?		



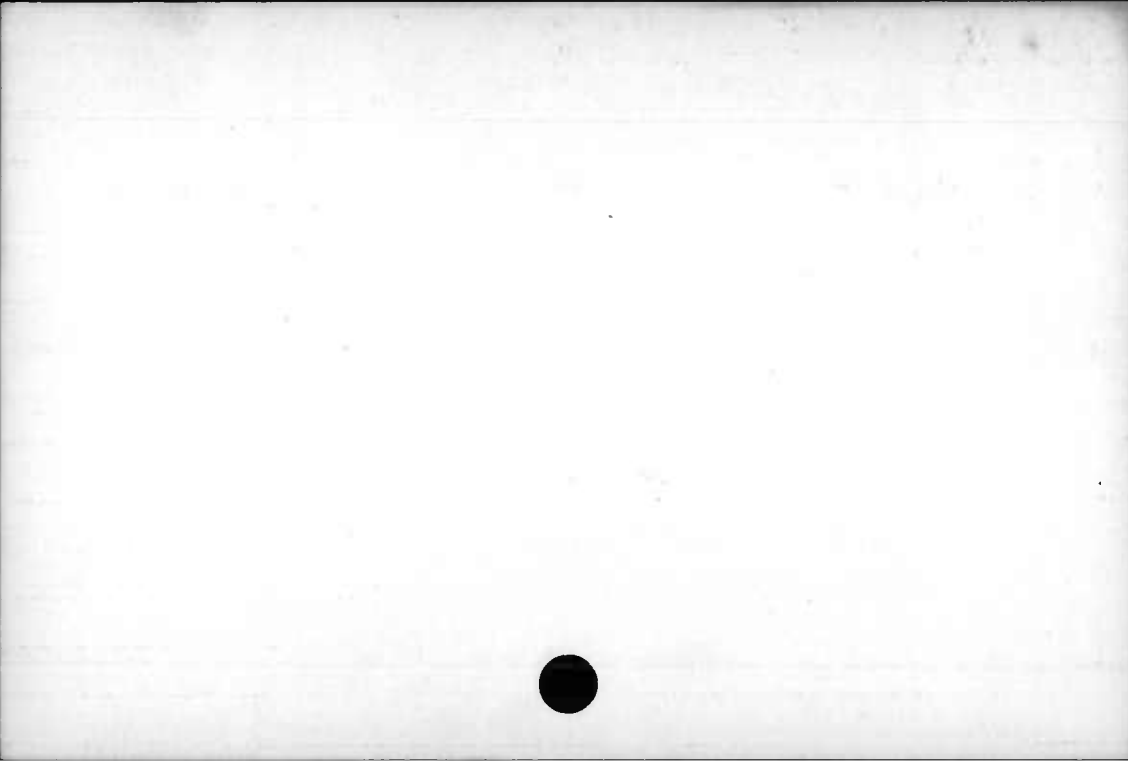


PHYSICIAN  
OR CORONER

## MARYLAND

How related to deceased	Not related
-------------------------	-------------

Ind



Name  
in  
Full

Edward J. Deritt.

## CERTIFICATE OF DEATH

Died at *Springfield State Hospital* County *Carroll.*

MARYLAND

Date of death 190 *3* Month *Nov.* Day *30th* Age *71.* Years Months DaysSex *Male.* Color or Race *White.* Birth-place *Hicksum.*~~Married, Single~~ *Single.* Occupation *Merchant.*  
~~or Widowed~~

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary. *Cancer of stomach.*How long *unknown.*Immediate *Edema lungs. Exhaustion.*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

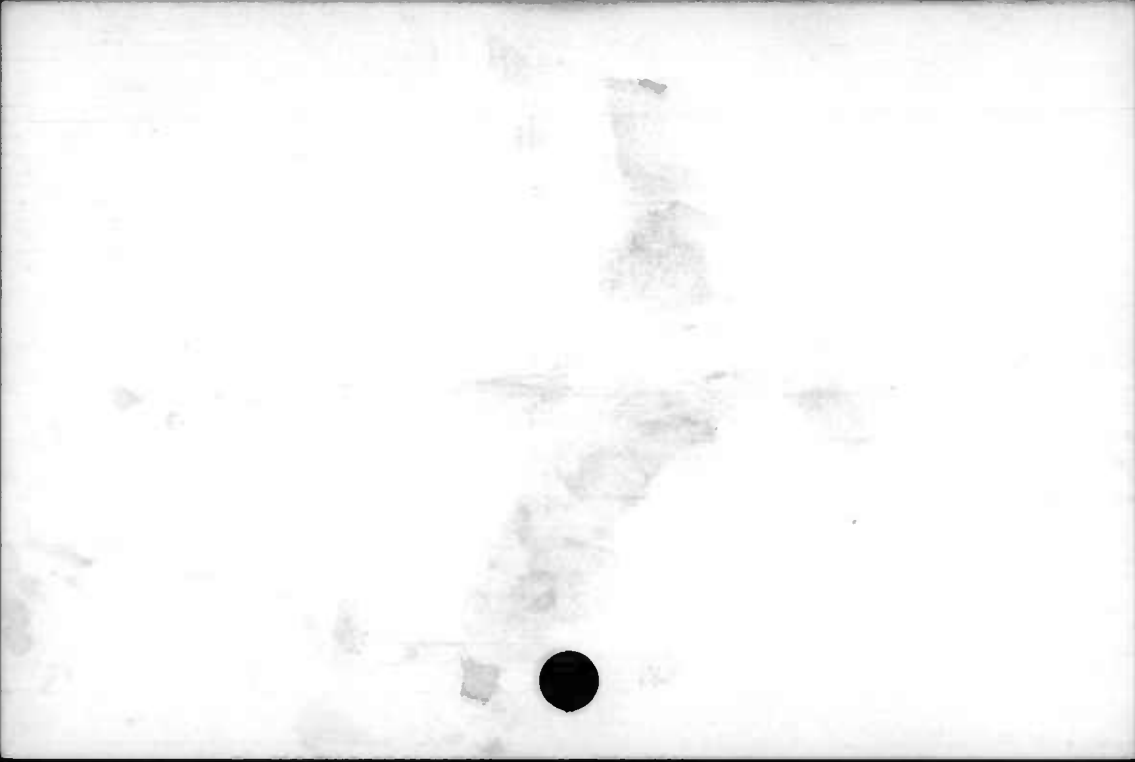
*R. M. Bruce.**Springfield State Hospital.**Sykesville. Carroll Co. Md.*

Accident or Suicide?

TO BE ANSWERED BY

NEAREST FRIEND

*Hospital Record.*



Name  
in  
Full

Nancy Dwall

## CERTIFICATE OF DEATH

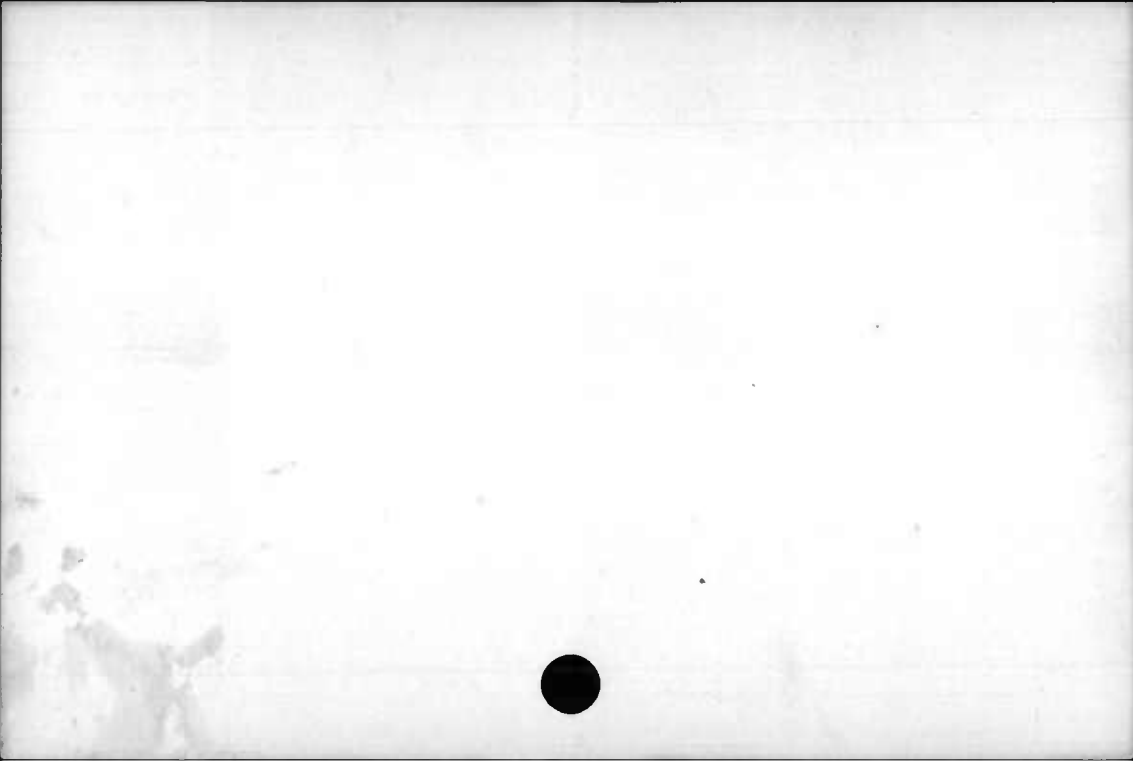
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pykesville</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>6</i>	Age <i>54</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Housekeeper</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Daniel Dwall</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Isabella Cruse</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Daniel Dwall</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>	How long <i>About 17 days</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.,</i>
	Address <i>Pykesville, Carroll Co.,</i>
Accident or Suicide? <i>No. -</i>	<i>Md. -</i>



Name In Full

Certificate of Death

Mrs Elizabeth Englar

Town

County

Died at

New Windsor

Carroll Co

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Nov. 20

Age 76

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

•Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband  
of

Wife

Hiram Englar

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

How long sick

4 days

Death

Immediate

Heart Trouble

Accident, Suicide, Homicide

Reported by

H. B. Ankard Undertaker

Address

New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Geo Brown  
of New Windsor

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_  
of \_\_\_\_\_



Name in Full		Matilda C Gist				CERTIFICATE OF DEATH	
424		Died at near Westminster		County		MARYLAND	
		Town		Carroll			
		Date of death 1903	Month	Day	Age	Years	Months
			Nov	2	72		2
							Days
							23
		Sex	Female		Color or Race	White	
		Married, Single or Widowed	Widow		Birth-place	Maryland	
		Name of Husband	Samuel M. Gist				
		Father's Name	John Little			Father's Birthplace	Maryland
		Mother's Maiden Name	Elizabeth Brown			Mother's Birthplace	Md
		Name of person giving information	Josephine C Fowler			How related to deceased	Daughter
CAUSES OF DEATH							
		Primary	Old Age			How long	5 years
		Immediate	Heart Failure			How long	a few hours
		Are the name, age, sex, color, date end place correctly given above?	yes			Signature of Physician	Chas. R. Fouts
						Address	Westminster
		Accident or Suicide?	no				Maryland

See Port 6 chow

Smee Wood

Shaner

Name  
in  
Full

Green, Guy. Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stood's Hill</u> <small>Town</small>		<u>Barroll</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>11</u>	Day <u>24</u>	Age <u>—</u> Years	Months <u>5</u>	Days <u>22</u>
Sex <u>male</u>		Color or Race <u>Negro</u>		Birth-place <u>Mid -</u>	
Married, Single or Widowed			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>George Henry Green</u>			Father's Birthplace <u>Mid -</u>		
Mother's Maiden Name <u>Sarah Amanda Green</u> <u>93</u>			Mother's Birthplace <u>Mid -</u>		
Name of person giving Information <u>George H. Green</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tonsillitis</u>	How long <u>5 days</u>
Immediate <u>Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Frank Lucas MD</u>
	Address <u>Daytonville, Md -</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John A Green</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death <i>1903</i>		Month <i>11</i>	Day <i>23</i>	Age <i>80</i>	Months Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		Where Residing if not at place of death <i>at place of death</i>		
Occupation <i>Laborer</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Matilda Green</i>			
Father's Name <i>Isaac Green Del.</i>		Father's Birthplace		Mother's Birthplace			
Mother's Maiden Name		Name of person giving information <i>Chas J Green</i>		How related to deceased <i>son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>several months</i>
Immediate <i>Fracture</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. E. Bolt M.D.</i>
	Address <i>Harrisonville</i>
Accident or Suicide?	



Name  
in  
Full

Green, Mary Elizabeth

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hood's Mill</u>		Town		<u>Barroll</u>		County		MARYLAND	
Date of death 190 <u>3</u>		Month <u>11</u>		Day <u>23</u>		Age <u>8</u>		Years	
Sex <u>Female</u>		Color Race <u>Negro</u>		Birth-place <u>Ind.</u>		Months <u>1</u>		Days <u>17</u>	
Married, Single or <del>Widowed</del>				Occupation <u>none</u>					
Name of Wife or Husband									
Father's Name <u>George Henry Green</u>				<u>93</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Dorah Amanda Bluntston</u>						Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>George H. Green</u>						How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tonsillitis</u>		How long <u>5 days</u>	
Immediate <u>Pneumonia</u>		How long <u>2 days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. Frank Lucas MD</u>	
		Address <u>Sylbesville, Ind.</u>	
<u>Accident or Suicide?</u>			





Agnesette Hortense Hann

Town

County

Died at

Snyderburg

Carroll

MARYLAND

Date 1903

Month Day

Nov 29

Y. M. D.

14

Native of

Ind

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

A Jackson Hann

Mother's

Maiden Name

Emma King

Cause of

Primary

Whooping cough

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester Carroll Co Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Margie C - Hess*

Town

County

MARYLAND

Died at

*Silver Run*

*Cecil*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *3*

*Nov 3*

Age

*6 9*

*Memphis*

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Indigestion*

How long sick

*One Day*

Death

Immediate

*Apoplexy*

*104*

Accident, Suicide, Homicide

Reported by

*J. H. Stewart*

Address

*Union Mills Road*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

William R. Kootz

Town

County

MARYLAND

Died at

Mauchester dist

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

11

28

Age

28

Maryland Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Thos. Kootz

Mother's

Maiden Name

Amelia Rhoads

Cause of

Primary

Cerebral Hemorrhage

How long sick

11 hours

Death

Immediate

Compression of Brain

Accident, Suicide, Homicide

Reported by

John Szeyler M.D.

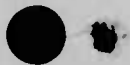
Address

Milrose

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M.D.

LIBRARY BUREAU, 79896



Name  
in  
Full

Mrs Alice Mercer

## CERTIFICATE OF DEATH

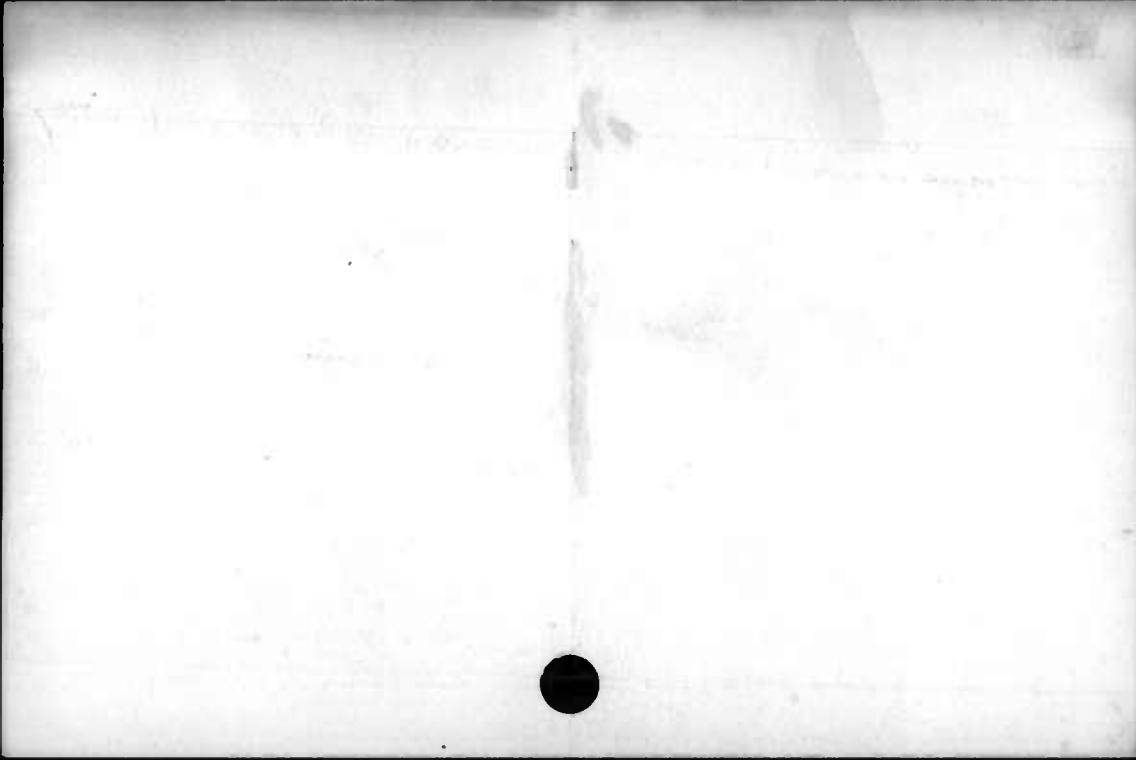
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Woodbine</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death 190	3	Month	11	Day	10	Age	Years <i>40</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Woodbine</i>		Months <i>—</i>	
Married, <del>Single</del> or <del>Widowed</del>		Occupation <i>Farmers wife</i>					
Name of Wife or Husband <i>Scott Mercer</i>							
Father's Name <i>Albin Owings</i>				Father's Birthplace		<i>X X</i>	
Mother's Maiden Name <i>X X</i>				Mother's Birthplace		<i>X X</i>	
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

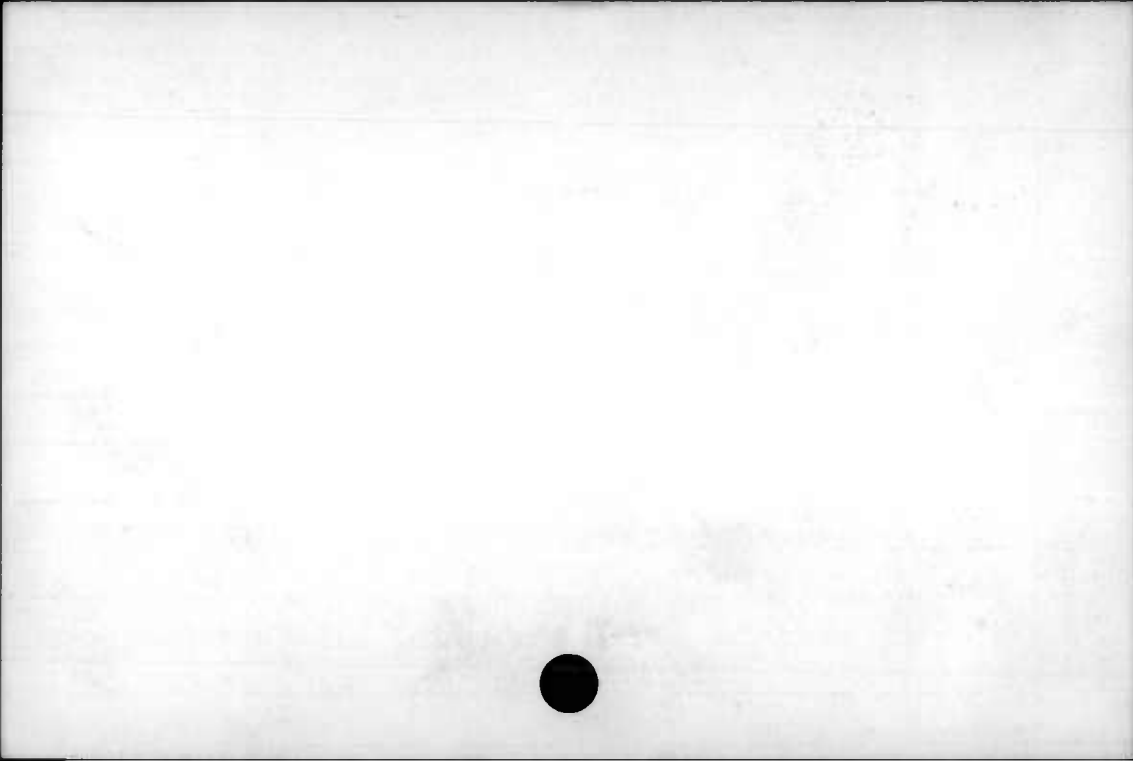
PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Apoplexy</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. E. D. Lerouch</i>
	Address <i>Winfield Md</i>
Accident or Suicide?	





Name In Full		William H Micheal				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Manchester		County Cannell		MARYLAND
	Date of death 1903	Month Mar.	Day 11	Age 56.	Years	Months 5	Days 12
	Sex Male		Color or Race white		Birth- place Hanover Pa		
	<del>Married</del> Single <del>or Widowed</del>		Occupation Blacksmith				
	Name of Wife or Husband						
	Father's Name Wm Micheal		Father's Birthplace York Co		Mother's Birthplace York Co		
Mother's Maiden Name Caroline Deal.		64		How related to deceased Bro			
Name of person giving In formation Samuel Micheal							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Apoplexy		How long Lived Instantly		
	Immediate		Apoplexy		How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. P. Prestor M.D.		
			Address Manchester Md				
	Accident or Suicide?						



Name  
in  
Full

Kasiah L. Miller

## CERTIFICATE OF DEATH

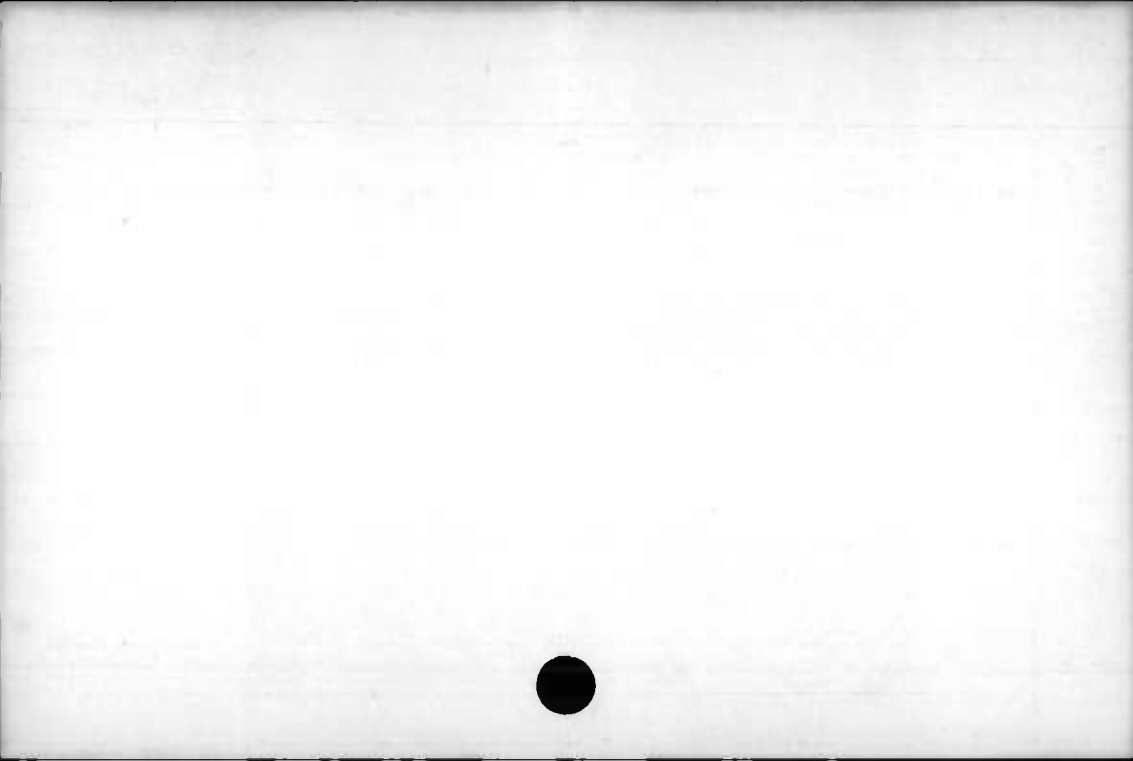
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Melrose</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>17</i>	Age <i>70</i>	Months <i>2</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Ind</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Samuel B Miller</i>					
Father's Name <i>Samuel Myers</i>				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hypertrophy of Heart &amp; Artery</i>	How long	<i>2 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J H Sherman MD</i>	
		Address <i>Manchester Ind</i>	
Accident or Suicide?			



*no name*  
 Died at *St. Louis* Town *Barroll* County **MARYLAND**  
 Date 19*03* Month *Nov* Day *8<sup>th</sup>* Y. M. D. Native of *Mo* Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

How long sick

Cause of Primary

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *John Nail,*  
*Sams Creek Carroll* MARYLAND

Date *1903* 11 - 19 Y. 57 - M. 11 - D. 15 Native of *Ind.* Occupation *Farming*  
 Male White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *2*

Husband of *Cora Nail*  
 Fether's Name *Jacob Nail* Mother's Name *Hannah Nail*

Cause of Death { Primary *Paralysis* Immediate *Paralysis* How long sick *66* *18 hrs.*  
 Accident, Suicide, Homicide

Reported by *J. C. Halt & Son, T. D. & E.'s*  
 Address *Stinfield Ind.*

Linganore Chapel



Name  
in  
Full

## CERTIFICATE OF DEATH

Ruth A Nail

425

near  
Died at

Town

Westminster

County

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

Nov

3

Age

24

6

12

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Widow

Occupation

Name of ~~Wife~~  
Husband

Washington M Nail

Father's  
Name

Josiah Wheeler

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Margaret May

Mother's  
Birthplace

Geo

Name of person giving  
information

Susan Gist

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Heart Disease

How long

2 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianJas. H. Billingslee  
Westminster Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Shaw

New Windsor

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

424

Name *Lella M Ogg* Town *East View* County *Carroll* MARYLAND

Died at *East View*

Date of death 190 *3* Month *Nov* Day *9* Age *15* Years Months *10* Days *10*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Married, Single or Widowed *Single* Occupation \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name *George W Ogg* Father's Birthplace *Maryland*

Mother's Maiden Name *Laura F Williams* Mother's Birthplace *do*

Name of person giving information *George C Ogg* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *6 months*

Immediate " " How long *do*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Jos. J. Fleming*

Address *Westminster*

Accident or Suicide? *MC*

Sharres

Seer Park. Church Hallway

Basil P. Phillips

Town

County

MARYLAND

Died at

Greens Mill Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Nov 29

Age

83 +

Carroll Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Five

Husband

of

Julien Phillips

Father's

Mother's

Name

Maiden Name

Margrett Carr

Cause of

Primary

Intestinal Tuberculosis

How long sick

1 yr

Death

Immediate

Inanition

~~Accident, Suicide, Homicide~~

Reported by

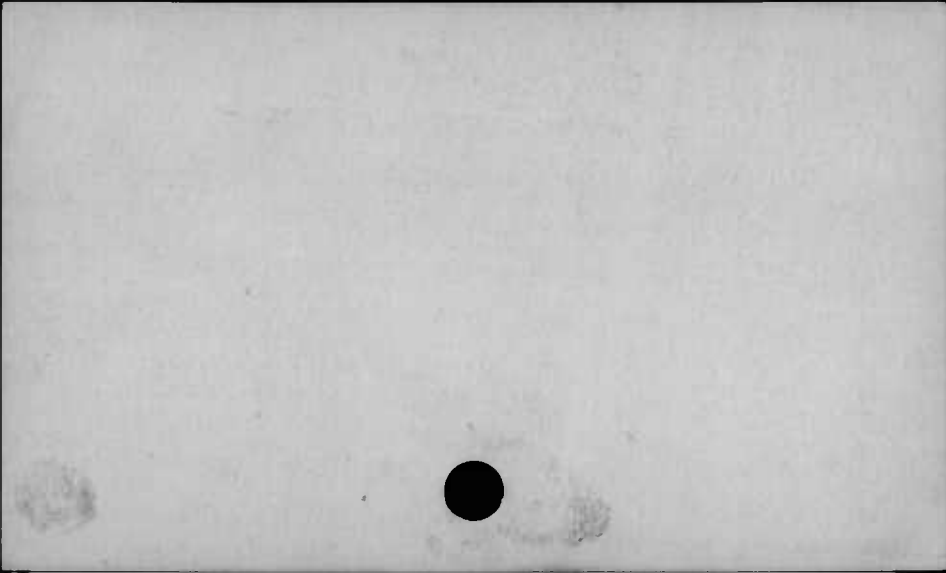
Dr. H. G. Gouch

29

Address

Greens Mill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John J Renner

Town

County

Died at

Home

Myers District

MARYLAND

Date 1903

Nov 5

Month

Day

Age

51

Y.

M.

D.

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 7

Husband

of

Wife

Sarah J Renner

Father's

Name

Mother's

Maidan Name

Cause of

Primary

Alcoholism

How long sick

3 days

Death

Immediate

acute Bright's disease

Accident, Suicide, Homicide

Reported by

H. E. Gellum, M.D.

Address

Littlestown Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Died at <sup>Town</sup> *Taneytown* <sup>County</sup> *Garroce* MARYLAND  
 Date 19 *03* <sup>Month</sup> *11* <sup>Day</sup> *14* <sup>Y.</sup> *4* <sup>M.</sup> *1* <sup>D.</sup> *1* <sup>Native of</sup> *West* <sup>Occupation</sup>  
 Male ☒ <sup>White</sup> ☒ <sup>Married</sup> ☒ <sup>Widow</sup> ☒ <sup>Divorced</sup> ☒  
~~Female~~ <sup>Colored</sup> ☒ <sup>Single</sup> ☒ <sup>Widower</sup> ☒ <sup>Number of children living</sup> *2*

Husband  
of  
Wife

Father's Name *Gen. L. Rogers* <sup>Mother's</sup> *Abigina C. Long*  
 Cause of <sup>Primary</sup> *Still born* <sup>How long sick</sup> *5*  
 Death <sup>Immediate</sup> *S.* <sup>Accident, Suicide, Homicide</sup>

Reported by *Le B. B. B. B.*

Address *Taneytown*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Rowe

Died at <sup>Town</sup> Park Hill <sup>County</sup> Carroll

MARYLAND

Date 1903 <sup>Month</sup> Nov. <sup>Day</sup> 1 <sup>Y.</sup> Age 83-1-16 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Maryland <sup>Occupation</sup> Farmer

Male <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Anna Maria Noons.

Father's Name George Rowe Mother's Maiden Name Margaret Boyer

Cause of Death { Primary *Myocarditis of Heart* <sup>How long sick</sup> Two Years  
 Immediate <sup>Accident, Suicide, Homicide</sup>

Reported by Luther Kemp

Address Mount Airy Md.

179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79801



Name In Full

Certificate of Death

13 Basil Shepley ✓  
 Town Day County Carroll

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Nov 3

Age 71 2 13

Maryland Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

10,

Husband of

~~Wife~~

Father's

Name

Cause of

Death

Primary

Immediate

Cancer

Cancer

Maiden Name

Mother's

Margaret E Shepley  
 Dennis Shepley  
 Julia Kury

How long sick

2 years.

Accident, Suicide, Homicide

Reported by

Address

E. D. Carver M.D.  
 Winfield Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*426*  
 Frederick Stirling Shipley  
 Town County

Died at *Garnier* *Carroll* MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
3	<i>Nov</i>	<i>5-</i>	<i>9</i>	<i>2</i>		<i>Ind</i>	
Male	White	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>			
<del>Female</del>	<del>Colored</del>	Single	<del>Widower</del>	Number of children living			

Husband of \_\_\_\_\_  
 Wife of \_\_\_\_\_

Father's Name *Frederick Shipley* Mother's Name *Mary E Steinmetz*

Cause of Death	Primary	<i>Meningitis</i>	How long sick	<i>4 days</i>
	Immediate	<i>Heart failure</i>		
			Accident, Suicide, Homicide	<i>61</i>

Reported by *Dr S. A. Gonsouls*

Address *Garnier*  
*Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bethesda

Thomas

---



David Smith

Town

List

County

Carroll

MARYLAND

Died at

Date 1903

Month

Day

11 - 2

Y.

M.

D.

Age 59 - 11 - 5

Native of

Md.

Occupation

Shoemaker

Male

White

Married

Widow

Divorced

Number of children living

One

Husband

of

Anna Smith

Father's

Name

John Smith

Mother's

Maiden Name

Elizabeth Smith

Cause of

Primary

Apoplexy

How long sick

1 night

Death

Immediate

Rupture of blood vessel

Accident, Suicide, Homicide

Reported by

J. V. Coats

Son

T. D. &amp; Co.

Address

Burgfield

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Harmony Grove

Name  
in  
Full

Normie Elva Smulk

## CERTIFICATE OF DEATH

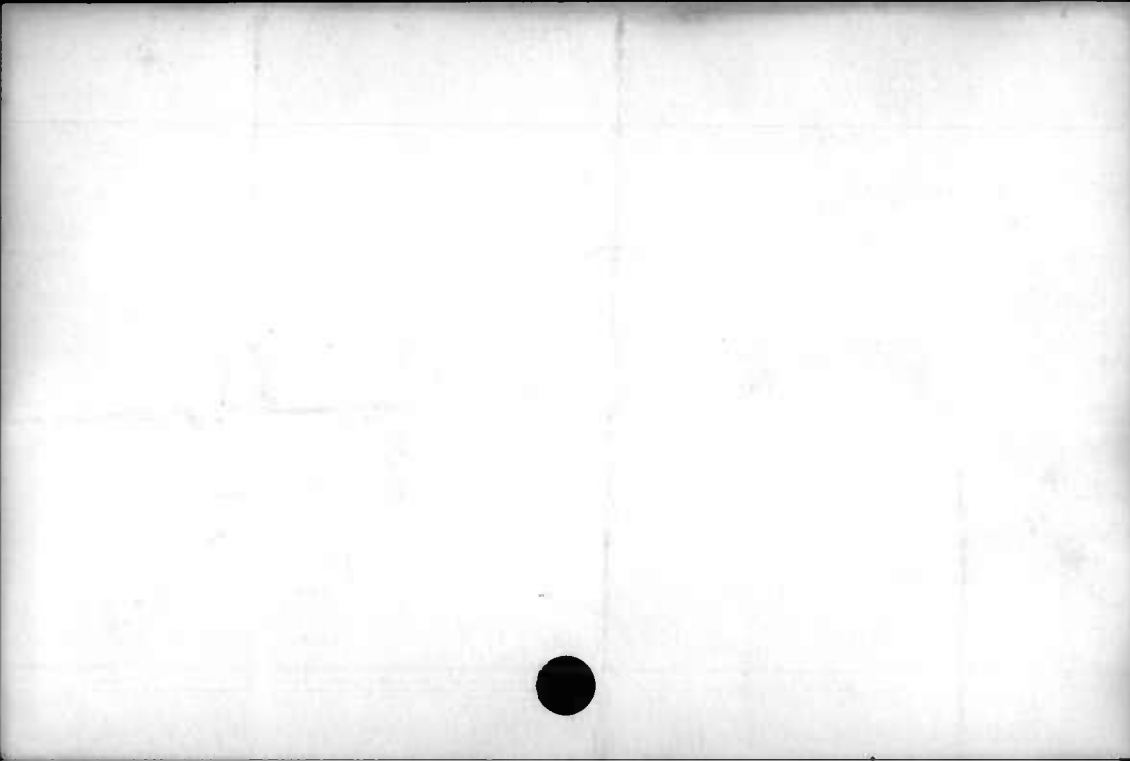
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pahlaner</u> Town			<u>Summit</u> County			MARYLAND	
Date of death 190 <u>8</u>	Month <u>Mar</u>	Day <u>4</u>	Age	Years	Months <u>11</u>	Days <u>20</u>	
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Pahlaner</u>				
Married, Single or Widowed <u>---</u>			Occupation <u>---</u>				
Name of Wife or Husband <u>---</u>							
Father's Name <u>Charles H. Smith</u>				Father's Birthplace <u>Bol and</u>			
Mother's Maiden Name <u>Jeter May Jones</u>				Mother's Birthplace <u>Summit Co</u>			
Name of person giving information <u>G. H. Smith</u>				How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Scurbutus</u>	How long <u>4 months</u>
Immediate	<u>Exhaustion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. H. Erb.</u>
		Address <u>Reisterstown, Md.</u>
Accident or Suicide?		



Name  
in  
Full

Wester Morrell Snook

## CERTIFICATE OF DEATH

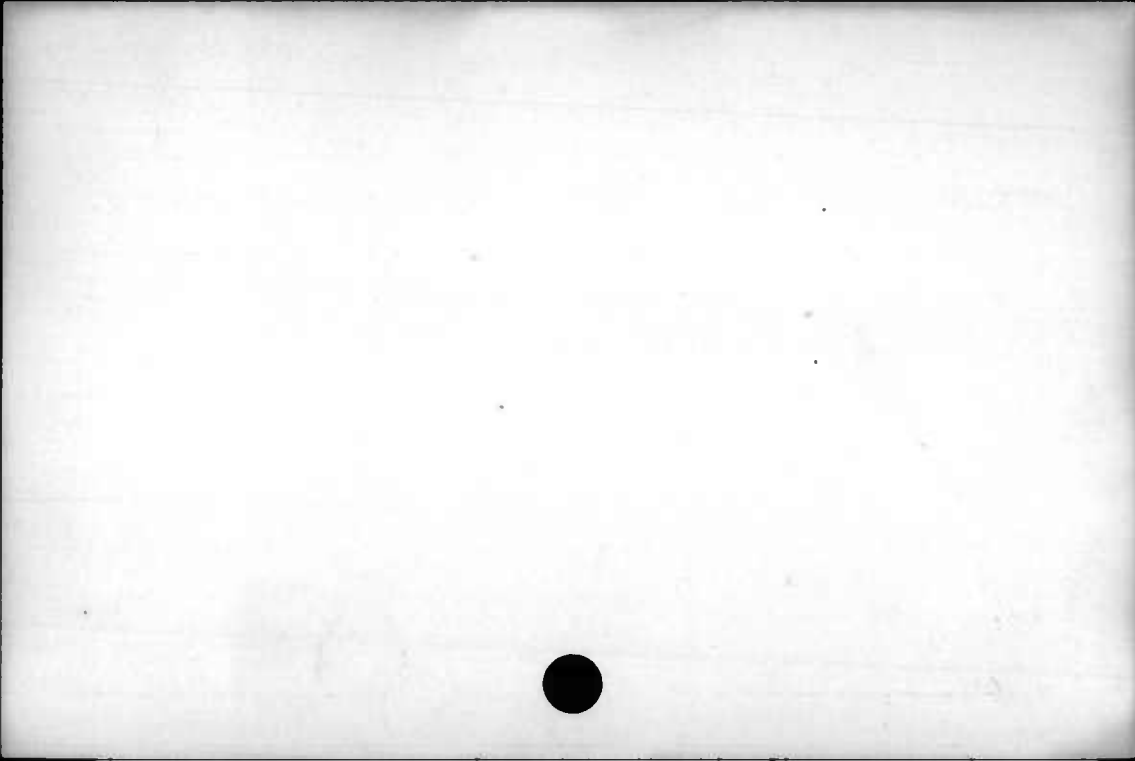
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>D.P. Querc</i> - Town		<i>Cerrace</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>2</i> Day	Age	<i>1</i> Years	<i>0</i> Months
				<i>13</i> Days	
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Ind.</i>
Married, Single or Widowed	<i>Infant</i>		Occupation		
Name of Wife or Husband					
Father's Name	<i>Clayton Snook</i> - <i>167</i>			Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Emma Pittinger</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Clayton Snook's wife</i>			How related to deceased	<i>Parents</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Burn</i>	How long	<i>6 hrs</i>
Immediate	<i>Burn</i>	How long	<i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. H. Diller</i>
		Address	<i>D.P. Querc</i>
Accident or Suicide?	<i>Accident</i>		<i>Maryland.</i>



Name In Full

Certificate of Death

George Stair

Town

County

MARYLAND

Died at Silver Spring

Cornell

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1908	Mar	14	67	9	8	Pennsylvania	Furrier
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower		Number of children living	None	

Husband of Mandela Stair

Father's Name Michael Stair

Mother's

Maiden Name

Lydia Reindeller

Cause of	Primary	How long sick
Death	Immediate	10 1/2. Six months
	Gastric catarrh	Accident, Suicide, Homicide

Reported by Dr. J. J. Stewart

Address Union Mills

Cornell Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

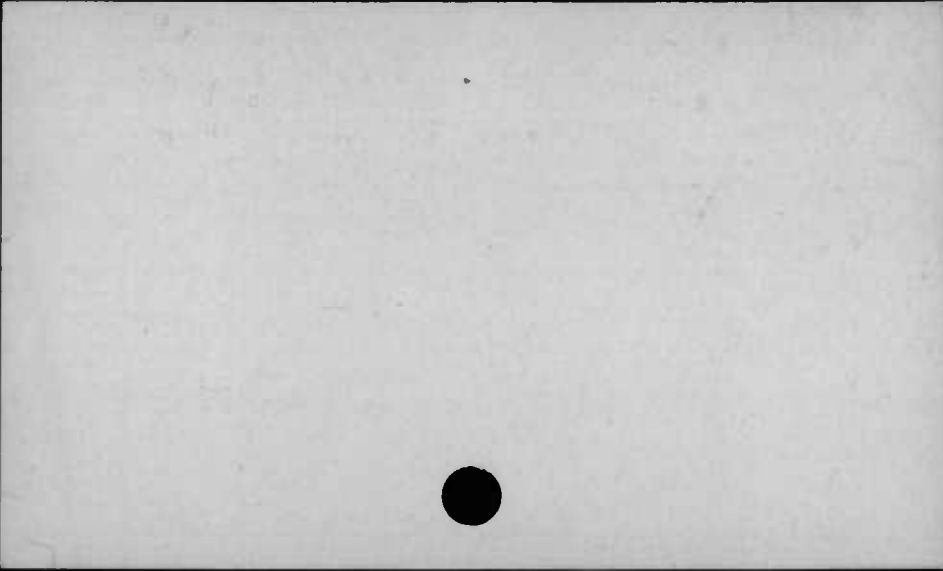
Joel Sykes  
 Town Carroll County Maryland  
 Died at Carroll Maryland  
 Date 1903 11-27 Y. 48 M. 4 D. 20 Native of Md Occupation Teacher  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living 4

Husband of Alice V Sykes  
 Father's Name Chas Sykes Mother's Name -  
 Cause of Death Primary Heart Trouble  
 Immediate Possibly dis  
 How long sick 6 months  
 Accident, Suicide, Homicide

Reported by Wm D Wells M.D.  
 Address Washburn on my land

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Name  
in  
Full

Ray Bifton Wareline

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

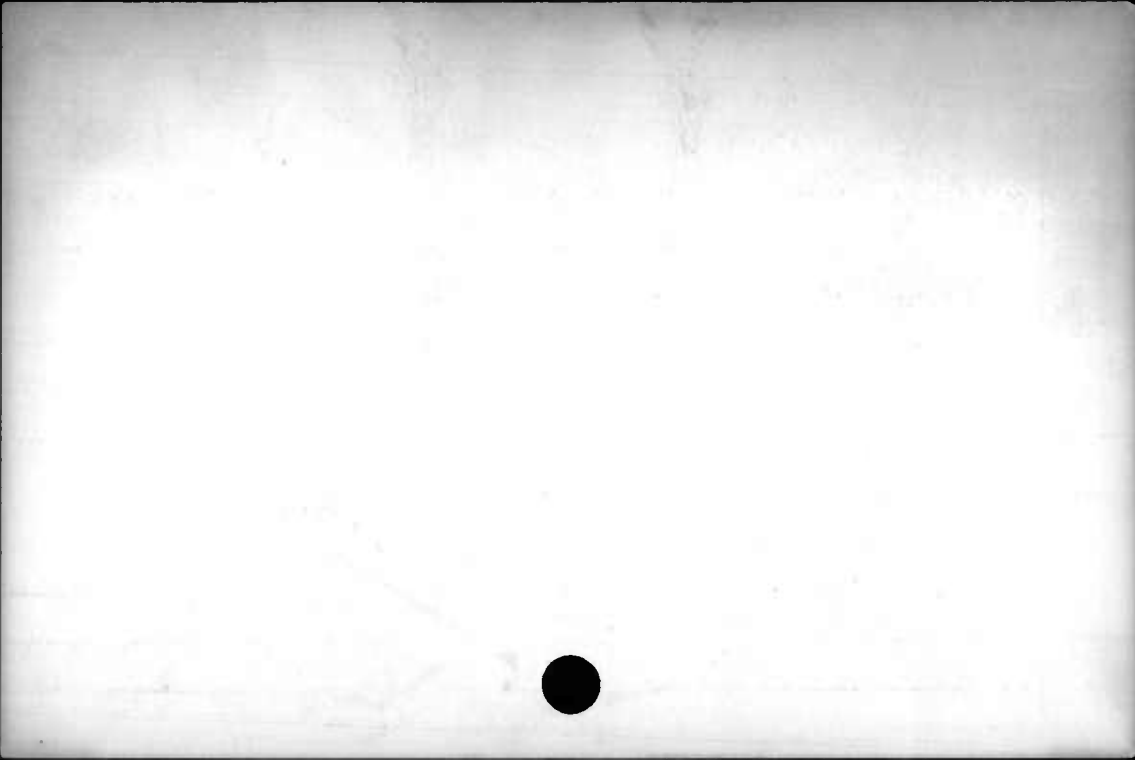
MARYLAND

Died at		Town Westminster		County carnell	
Date of death	1903	Month Nov	Day 21	Age	Years 3
Sex	male		Color or Race	white	
Occupation			Birth- place	Westminster	
Where Residing if not at place of death			Home		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Denton Wareline			Father's Birthplace	Westminster
Mother's Maiden Name	Elizabeth Leffer			Mother's Birthplace	
Name of person giving Information	Denton Wareline			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus		How long	5 weeks.
Immediate	Exhaustion		How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Chas. R. Foutz, M.D.
			Address	Westminster, Md.
Accident or Suicide?				



Name In Full

Certificate of Death

J. Henry Weimer

Died at

Sunder Run

Town

County

Carroll

MARYLAND

Date 1903

Month

Day

Nov. 23

Y.

M.

D.

Age

75 9 21

Native of

Md

Occupation

Plum Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2 yrs

Husband

of

Lydia Weimer

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Softening of Brain

Death

Immediate

How long sick

2 yrs

Accident, Suicide, Homicide

Reported by

Ed. L. Graft - undertaker

Address

Mills Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Carrin Russell Wink

Town

County

Died at

Maple Grove

Carroll

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Nov 29

Age

2 7 29

Maryland

Male

White

~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

—

Husband

of

Wife

Father's

Name

J Henry Wink

Mother's

Name

Laura V. Winkler

Cause of

Primary

Cerebr Spinal Meningitis

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester

Carroll County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706





Frank Wohlsagen

Town

County

Died at

Myers Dist

Carroll

MARYLAND

Date 1903

Month

Day

Nov. 19

Age

73

Native of

Occupation

Germany Basket Ma

Male

White

~~Married~~~~Widow~~~~Divorced~~

Number of children living

~~Female~~~~Colored~~~~Single~~

Widower

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Apoplexy

How long sick

Found dead

Accident, Suicide, Homicide

Reported by

Dr. J. S. Marshall

Address

Silver Run

Ind

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*Mary Young*  
 Died at *Manchester* Town *Carroll* County *MARYLAND*

Data 19 *03* Month *Nov* Day *4* Age *72* Y. M. D. *- -* Native of *Ind* Occupation *Housewife*  
 Male ☒ White Married ☒ Widowed ☒ Divorced ☐  
 Female ☐ Colored Single ☐ Widower ☐ Number of children living *1*

Husband of *Nelson B. Young*  
 Wife of *Mr Robinson* (Mother's Maiden Name) *Belinda Horis*  
 Father's Name *Mr Robinson* Mother's Name *Belinda Horis*

Cause of Death { Primary *Typhoid Fever* | How long sick *10 days*  
 { Immediate *Collapse* | Accident, Suicide, Homicide

Reported by *J. H. Sherman M.D.*  
 Address *Manchester* *Carroll Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

